

Name: _____

Date: _____



wall

wall _____ wall _____

fill _____ fill _____

pull _____ pull _____

smell _____ smell _____



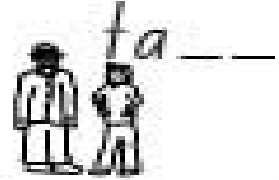
fi _ _ _



wa _ _



pu _ _



ta _ _



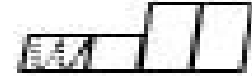
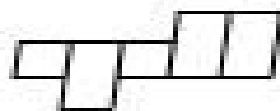
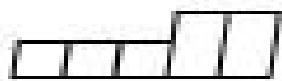
ca _ _

ba _ _



sme _ _

spi _ _



Kick the ball over the wall. 

Kick

© _____